

Space Allocation Request Form - NAVEUR NAVSUPACT NAPLES 11010/1 (Rev. 3-04)

(Ref: NSA INST 11010.3C)

Date: _____

Unit name and address: _____

Point of contact name and phone number: _____

Unit Basic Facilities Requirements (BFR) and Facilities Requirements Plan (FRP) Information

1. Unit Mission Statement: _____

2. Host/Tenant Code (contact PW Planning for assistance): _____

H/T Code 0: Host develops BFR and tenant is shown separately on host's FRP

H/T Code 1: Tenant develops BFR and tenant owns FRP

H/T Code 3: Tenant develops BFR and tenant is shown separately on host's FRP

H/T Code 4: Tenant develops BFR and tenant is integrated into host's FRP

3. Unit Personnel Information (indicate number of unit personnel in following categories)

O-7/above GS-15+: _____

O-6/GS-15+: _____

O-5/GS-13 to GS-15: _____

O-4/GS-12 and below requiring private office: _____

E-8/CWO1/GS-9 and above supervising 6 or more: _____

Non-supervisory E-8/CWO1/GS-7 or above: _____

E-7/GS-8 or below supervising 6 or more: _____

Stenographic and clerical: _____

4. Miscellaneous Space Information

Number of letter file cabinets: _____

Number of legal file cabinets: _____

Number of conference room occupants: _____

5. Space required for special functions and equipment (i.e. dark room, shop space): _____

6. Current space allocation (identify all unit spaces and break down by office, storage/warehouse, customer service/reception, lounge/break, etc.; identify site/building locations; estimate square footage and attach drawings if possible; some maps and drawings are available at PW Planning/Engineering):

7. Any other information to provide understanding of current space utilization:

Space Deficiency Information

1. Deficiency (why additional space is required): _____

2. Location of requested spaces (Capodichino, Agnano, Support Site): _____

Permanent or Temporary: _____

Dates: _____ to _____

3. Why space is required at requested location/base: _____

Space Request Information

1. How will facility make-ready costs be funded? _____
2. Any other information to provide understanding of request: _____

Collateral Equipment and Move Information

1. Will unit's existing equipment furnish new spaces? _____
2. How will move be funded? _____
3. How will new equipment purchases be made? _____

Other Information

1. LAN requirements: _____

2. Phone requirements (DSN, commercial, area): _____

3. Any other special requirements: _____

Approval and Routing

Department Head/Unit OIC/Unit CO Name and Signature: _____

NSA Naples PW Planning Officer Signature: _____

Recommendation: _____

NSA Naples APWO Signature and Comments: _____

NSA Naples PWO Signature and Comments: _____

NSA Naples XO Signature and Comments: _____

NSA Naples CO Signature and Comments: _____